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#3

Docket No.

A0000104-01-SMH

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR TREATING CHRONIC PAIN USING MEK INHIBITORS

the specification	on of which		
(check one)			
is attache	ed hereto.		
	on 05 July 2000 As United Son Number PCT/US00/18346 amended on	States Application No.	or PCT International
allu was a		(if applicable)	
	that I have reviewed and understand amended by any amendment referr		ed specification, including
	the duty to disclose to the United S to patentability as defined in Title 37		
of any foreign application whi identified below	foreign priority benefits under Title (application(s) for patent or inventor ich designated at least one country w, by checking the box, any foreign pplication having a filing date before	s certificate, or Section 365(a) of a other than the United States, listed application for patent or inventor's	any PCT International d below and have also certificate or PCT
Prior Foreign A	Applications		Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	. \square
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(Number)	(Country)	(Day/Month/Year Filed)	. \square

60/144,403 Application Serial No.)	16 July 1999 (Filing Date)	
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nternational application design	ating the United States of Americ	es application(s), or 365(c) of any PCT I, listed below and, insofar as the subject ma
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Form PTO-SB-01 (9-95) (Modified)

issued thereon.

POWER OF ATTORINEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

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